MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04998

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bryantown
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Char
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bryantown Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) O. (Last) Bell.

4. DATE OF DEATH: (Month) ~~June~~ May (Day) 31. (Year) 1953. 19

5. SEX: F
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 28. 1880
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if (Retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home.
11. BIRTHPLACE (State or foreign country): Bryantown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Young.
14. MOTHER'S MAIDEN NAME: Sophia Moore.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT & ADDRESS: Marie Bell Daughter.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Arteriosclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30 1953, to May 31, 1953, that I last saw the deceased alive on May 30 1953 and that death occurred at May 31/53 from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry R Coburn M D ADDRESS Bryantown DATE SIGNED May 31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June. 3d. 1953
NAME OF CEMETERY OR CREMATORY St. Marys.
LOCATION (City, town, or county) (State) Bryantown Md.

DATE REC'D BY LOCAL REGISTRAR 6/2/53
REGISTRAR'S SIGNATURE Julia H Pasey
24. FUNERAL DIRECTOR Huntt Funeral Home. Waldorf Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04999

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) La Plata. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Malcom
STREET ADDRESS (If rural, give location) Old Holdsinger Farm Road.

3. NAME OF DECEASED: (Type or Print) (First) BABY BOY (Middle) COOPER (Last)

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1953

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 23 May 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Elwood Wilson Cooper
14. MOTHER'S MAIDEN NAME: Deloris Irene Miller.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Father.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 776X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory failure	6 hours.
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Prematurity – 24 weeks gestation.	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE — (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) — (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 May, 1953, to 23 May, 1953, that I last saw the deceased alive on 23 May, 1953, and that death occurred at 7:30 p.m. EST, from the causes and on the date stated above.

SIGNATURE A. Woodd (DEGREE OR TITLE) MD ADDRESS La Plata. Md. DATE SIGNED 23 May 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 5/25/53
NAME OF CEMETERY OR CREMATORY Slatenville
LOCATION (City, town, or county) (State) Delta, Pa.
DATE REC'D BY LOCAL REG. 5/24/53
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hurtt & Ryan, Waldorf, Md ADDRESS

2053254243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 27
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05000

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Marris (Last) Della

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify):
8. DATE OF BIRTH: Oct 17-1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Charles Co, Md
12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: Luther M Della
14. MOTHER'S MAIDEN NAME: Angie Osborne

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Gwynn Della Son

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary occlusion. — Interval Between Onset And Death: 1 min.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis. — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE — (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950 to 29 May, 1953, that I last saw the deceased alive on 29 May, 1953, and that death occurred at 6:15 AM EST, from the causes and on the date stated above.

SIGNATURE S O Woodd (Degree or title) MD ADDRESS La Plata. Md. DATE SIGNED 29 May 53.

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) DATE THEREOF June 1-53 NAME OF CEMETERY OR CREMATORY M. E. LOCATION (City, town, or county) Deutsville (State) Md

DATE REC'D BY LOCAL REGISTRAR 5/30/53 REGISTRAR'S SIGNATURE Julia H. Casey

24. FUNERAL DIRECTOR Hunt Funeral Home ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05001

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys Mem

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. Y. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Ny.
STREET ADDRESS (If rural give location) 248- Slagg St

3. NAME OF DECEASED: (Type or Print) (First) Caroline (Middle) (Last) Trunk

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: Aug 1-1888

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Home Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Brooklyn Ny

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Margueta Neudel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mary Trunk

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) 331X	
DUE TO	(a) Cerebral vascular accident	10 days.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Respiratory failure	1 hour.
DUE TO	(c) Hypertension. essential.	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1953 to 30 May, 1953, that I last saw the deceased alive on 30 May, 1953, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. Woodly. MD — ADDRESS La Plata. Md. — DATE SIGNED 30 May 53.

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 6/2/53 — NAME OF CEMETERY OR CREMATORY Lutheran Cemtry — LOCATION (City, town, or county) (State) Brooklyn Ny.

DATE REC'D BY LOCAL REGISTRAR 5/30/53 — REGISTRAR'S SIGNATURE Julia H Cheney

24. FUNERAL DIRECTOR Merritt Funeral Home — ADDRESS Hadley Ny

VS. A1

RECEIVED
JUN 2 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05002

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata, Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Last) MORRIS

4. DATE OF DEATH: (Month) 5 (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): S.

8. DATE OF BIRTH: 5-19-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months, Days 4; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Francis Muschette

14. MOTHER'S MAIDEN NAME: Mary Eleanor Morriss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Pauline Jacks - La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
762.5
Immediate cause (a) Atelectasis DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c) Prematurity E.D.C. 7-26-53

INTERVAL BETWEEN ONSET AND DEATH: 5-23-53

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-19, 1953, to 5-23, 1953, that I last saw the deceased alive on 5-23, 1953, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE E. J. Eden M. D. (DEGREE OR TITLE) ADDRESS La Plata Md DATE SIGNED 5-23-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/23/53 — NAME OF CEMETERY OR CREMATORY Sacred Heart — LOCATION (City, town, or county) (State) La Plata, Md.

DATE REC'D BY LOCAL REG. 5/23/53 — REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hackett Jacks, Grandfather — ADDRESS

20532454038

RECEIVED
MAY 26 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5003

CERTIFICATE OF DEATH

Reg. Dist. No. 10-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head
STREET ADDRESS (If rural, give location): 1032 Strauss Ave.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) B. (Last) Pusey

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 8, 1876

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Mary L. Bosman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Milford Gosley, 1032 Strauss Ave. Indian Head, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Chronic Valvular Heart Disease	Indefinite
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Chronic Nephritis	Indefinite
DUE TO		
	(c) Arterio Sclerosis General	Indefinite

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1952, to 5-21, 1953, that I last saw the deceased alive on 5-21, 1953, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James L. Hinman MD ADDRESS Indian Head, Md. DATE SIGNED 5-21-53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 5-24-53
NAME OF CEMETERY OR CREMATORY: Presbyterian
LOCATION (City, town, or county) (State): Princess Anne, Md.

DATE REC'D BY LOCAL REG. 5/21/53
REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS: James L. Hinman, Princess Anne, Md.

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05001

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cobb Island
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) Charles (Middle) T. (Last) Richardson.
4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M.	W.	M.	Dec. 16 1886	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Thomas Richardson
14. MOTHER'S MAIDEN NAME: Emma Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Florence Richardson - Cobb Island, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
162X Immediate cause	(a) Respiratory failure.	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Primary Carcinoma lung.	5 mos.
	DUE TO (c) Senile arteriosclerosis	2 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1953 to May 14, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 2:11 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
A. Woodd. A.B., M.D. La Plata. Md. 14 May 53.

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 5/14/53
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Hyattsville, Md.
DATE REC'D BY LOCAL REG. 5/14/53
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR ADDRESS Nash Funeral Home Hyattsville, Md.

VS. A15-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 18 1953
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

5005

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue Md. — LENGTH OF STAY (in this place) 21 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edward Augustine

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Issue
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Augustine	Edward	Gillidoy	5	16	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	[illegible]-5-1909	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer	Construction	Issue Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theophilus Gillidoy	Clotilda Billings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		" "

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
434.1 Immediate cause (a) Unknown	5-16-53
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c) Probable Cong. Heart Failure	1952
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
[illegible] H. [illegible]	[illegible] Md.	5-16-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	May 18-53	Holy Sheet	Issue Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/16/53	Julia H. Posey	Smith Funeral Home	

MAY 19 19
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 102

1. PLACE OF DEATH: COUNTY Hilltop Charles Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hilltop
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) Reb (First) Reginald (Middle) Ward (Last)			4. DATE OF DEATH (Month) 5 (Day) 2 (Year) 1953	
5. SEX M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH 3-15-19[illegible]	9. AGE last birthday 3[illegible] yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sam Ward			14. MOTHER'S MAIDEN NAME Daniel [illegible]	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS	

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Frac Cervical Vertebrae	5-2-53
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN) Hilltop (COUNTY) Chas (STATE) Md
TIME OF INJURY (Month) 5 (Day) 2 (Year) 53 (Hour) 12[illegible] m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Auto run into tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	M.D.	Lab Data Md	5-2-53

23. BURIAL, CREMATION REMOVAL (Specify) ~~Burial Removal~~	DATE THEREOF 5/2/53	NAME OF CEMETERY OR CREMATORY St. Ignatius	LOCATION (City, town, or county) Washington D.C. (State) Md
DATE REC'D BY LOCAL REG. 5/2/53	REGISTRAR'S SIGNATURE Julia H. Tracy	24. FUNERAL DIRECTOR Tenny & Cofer, Madona Springs	ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAY 5
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHARLES. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RISON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rison Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) CLARENCE (Last) WHEELER
4. DATE OF DEATH (Month) MAY (Day) 17 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 1887
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Own Store
11. BIRTHPLACE (State or foreign country) St Mary Co Md.
12. CITIZEN OF WHAT COUNTRY? NS
13. FATHER'S NAME John H Wheeler
14. MOTHER'S MAIDEN NAME Alice Ann Hayden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No WNI
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hazel M. Sullivan Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

983.0

Immediate cause (a) Multiple abrasions & contusions of eyes, lips with lacerations of the eyelids, fracture dislocation of the nose

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Linear fracture of skull

Aspiration and ingestion of blood

(c) Severe obliterative coronary sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HOME
(CITY OR TOWN) RISON (COUNTY) CHARLES (STATE) MD.
TIME OF INJURY (Month) 5 (Day) -17- (Year) 53 (Hour) 6:40 a.m.
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Multiple blunt impacts to head

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE Russell S Fisher (Degree or title) MD. ADDRESS 700 Fleet. St Balto. DATE SIGNED 5/17/53

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF May 20-53 NAME OF CEMETERY OR CREMATORY Arlington Nat LOCATION (City, town, or county) Arlington (State) Va

DATE REC'D BY LOCAL REG. 5/19/53 REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Hunt Funeral Home ADDRESS Naedy Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ATTEST

RECEIVED
MAY 21 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 050 09

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-A15

1. PLACE OF DEATH:
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Prigal md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prigal Md
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Pelham (Last) Hood

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: March 22 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): St Marys Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Jeffman Hood

14. MOTHER'S MAIDEN NAME: Elizabeth Snowden Dean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Laura Delozier Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

434.3
Immediate cause (a) Cardiac Failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953 to May 17, 1953, that I last saw the deceased alive on May 17, 1953, and that death occurred at 12.45 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) George C. Bicknell M.D. — ADDRESS Marbury Md — DATE SIGNED May 17 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 20-53 — NAME OF CEMETERY OR CREMATORY St Charles — LOCATION (City, town, or county) Glymont — (State) Md

DATE REC'D BY LOCAL REGISTRAR May 17, 1953 — REGISTRAR'S SIGNATURE Mary Smallwood

24. FUNERAL DIRECTOR Smith Funeral Home — ADDRESS Haddonfield

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MAY 21 1953
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